

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68-045272

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11704

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 5 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST LOUIS

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI COUNTY

c. CITY OR TOWN ST LOUIS

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 3145 RUSSELL BLVD

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
3145 RUSSELL BLVD

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
MARIE A BROUK

4. DATE OF DEATH
Month Day Year
Nov 25 1963

5. SEX
FEMALE

6. COLOR OR RACE
WHITE

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
Nov 12 1884

9. AGE (last birthday)
79

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY
HOME

11. BIRTHPLACE (City and state or country)
HIGH RIDGE Mo

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

JOHN C. HILGERT

13b. MOTHER'S MAIDEN NAME

ANNA NAHLIK

14. NAME OF HUSBAND OR WIFE

JOSEPH J. BROUK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
BERNARD O. BROUK 3145 RUSSELL

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Septicemia

INTERVAL BETWEEN
ONSET AND DEATH
72 hours

DUE TO (b)

Cystitis and Pyelitis

DUE TO (c)

605XF

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Lumbar & Sacrochae Contusion

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Fell at Home

20c. TIME OF INJURY
Hour a.m. p.m.
4 1959

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home

20f. CITY, TOWN, OR LOCATION
COUNTY STATE

21. I attended the deceased from July 1954 to November 25, 1963 and last saw her alive on November 23, 1963
Death occurred at 9:55 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE
(Degree or title)
Thomas J. Summers, M.D.

22b. ADDRESS
3624 SO. BROADWAY

22c. DATE SIGNED
11-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
REMOVAL

23b. DATE
11/29/63

23c. NAME OF CEMETERY OR CREMATORY
SUNSET BURIAL PARK

23d. LOCATION (City, town, or county) (State)
ST LOUIS CTY Mo

24. FUNERAL DIRECTOR
ADDRESS
E. J. SCHNUR 3125 LAFAYETTE

25. DATE RECD. BY LOCAL REG.
NOV 27 1963

26. REGISTRAR'S SIGNATURE
Road Smith, M.D.

APR 6 1933 OAT SOMMERES

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.